

**Colour Atlas of Medical Mycology.** Jean Delacrétaz, Dodé Grigoriu and Georges Ducel. 187 pp. Illust. Hans Huber Publishers, Bern; Year Book Medical Publishers, Inc., Chicago, 1976. \$59.50. ISBN 0-8151-2422-8

This book is more than a colour atlas of medical mycology. It is a handbook of clinical disease produced by fungi, with considerable emphasis on mycology. Of the 440 coloured plates approximately one third illustrate clinical disease.

The book includes chapters that briefly outline the biology, classification and identification of fungi, contaminants and opportunists, and antifungal medication. The remainder of the text and photographs is devoted to the superficial and systematic mycoses, including mycoses that are common in the tropics. Lists of synonyms, a glossary and an index are provided. There are numerous cross-references within the text but no references to other authorities. Discussion of therapy is intentionally brief. The clinical material is limited but accurate and includes practical differential diagnoses.

This book has an attractive and uncrowded layout. Generally the photographs are excellent, but some are of average quality and others are poor. The authors have included photographs of clinical disease states, wet mounts, biopsy specimens and cultures.

This book is neither a reference work nor a standard text, and it will be of service to those who occasionally encounter patients with fungal disease — general practitioners, internists, specialists in infectious diseases and microbiologists. It would also be useful to residents in dermatology and could serve as a superb text for medical students.

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**Gynecology.** Günther Kern. 464 pp. Illust. George Thieme Publishers, Stuttgart; Year Book Medical Publishers, Inc., Chicago, 1976. Price not stated, paperbound. ISBN 0-8151-5015-6

This small pocketbook presents all of modern gynecology in a condensed form. It is divided into three main sections: general gynecology, investigational methods and classified diseases.

The first section covers the development of the sex organs from fetus to adult, sexual aberrations and the physiology of menstruation, ovulation, hormone production, conception, abortion, infertility and contraception.

The second section describes the clinical and laboratory methods of examination in regular use and their

correlations with normal and pathologic aspects.

The third section is devoted to diseases of individual organs and includes descriptions of etiology, symptoms, diagnosis and treatment.

The author aims to provide the student with a pocketbook on gynecology that is comprehensive yet concentrated. The inclusion of references in the text rather than in a section at the end of the book is to be commended. Suggestions for further reading and excellent coloured diagrams that are clear and informative are provided.

However, a few areas are somewhat out of date. In the section on endocrinology no reference is made to the relation of galactorrhea to prolactin, and the section on the testing of pituitary function in patients with amenorrhea is somewhat limited.

Sequential oral contraceptive agents, which are no longer used, are referred to, but copper intrauterine devices and the new progesterone devices are not mentioned. In the section on general gynecology the classification (of ovarian tumours, for example) is still along the old lines and not based on the tissue of origin. However, the section on the cervix, which includes details on modern colposcopy technique, is excellent.

This is a good, compact text that is well produced and provides a thorough review of gynecology. It will be useful to the student and the busy practitioner as an authoritative and comprehensive work.

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**Introduction to Western Acupuncture.** Marguerite E. Davis and Hung Kwok-Yuen. 208 pp. Illust. Lansdowne Press, Melbourne; Paul Hamlyn Pty. Limited, Dee Why West, N.S.W., Australia, 1976. Price not stated. ISBN 0-7018-0129-8

According to the preface, this book's objective is to explain acupuncture in terms of Western medicine. This objective has not been met for two major reasons: the evidence is not well presented and the conclusions drawn are not justified. The authors have also failed to meet the accepted standards for medical publications; they have consistently borrowed tables and diagrams without indicating their source. While some footnotes are references to articles, some refer to unsupported statements elsewhere in the book.

The major thesis of the book is that the effects of acupuncture, which were observed closely and recorded by thousands of dedicated observers over hun-

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**CONTRAINDICATIONS:** Active hepatic disease such as acute hepatitis and active cirrhosis; known sensitivity to methyldopa; unsuitable in mild or labile hypertension responsive to mild sedation or thiazides alone; pheochromocytoma; pregnancy. Use cautiously if there is a history of liver disease or dysfunction.

**PRECAUTIONS:** Acquired hemolytic anemia has occurred rarely. Hemoglobin and/or hematocrit determinations should be performed when anemia is suspected. If anemia is present, determine if hemolysis is present. Discontinue methyldopa on evidence of hemolytic anemia. Prompt remission usually results on discontinuation alone or the initiation of adrenocortical steroids. Rarely, however, fatalities have occurred. A positive direct Coombs test has been reported in some patients on continued therapy with methyldopa, the exact mechanism and significance of which is not established. Incidence has varied from 10 to 20%. If a positive test is to develop it usually does within 12 months following start of therapy. Reversal of positive test occurs within weeks to months after discontinuation of the drug. Prior knowledge of this reaction will aid in cross matching blood for transfusion. This may result in incompatible minor cross match. If the indirect Coombs test is negative, transfusion with otherwise compatible blood may be carried out. If positive, advisability of transfusion should be determined by a hematologist or expert in transfusion problems. Reversible leukopenia with primary effect on granulocytes has been seen rarely. Rare cases of clinical agranulocytosis have been reported. Granulocyte and leukocyte counts returned promptly to normal on discontinuance of drug. Occasionally fever has occurred within the first three weeks of therapy, sometimes associated with eosinophilia or abnormalities in one or more liver function tests. Jaundice, with or without fever, may occur also, with onset usually within first 2 or 3 months of therapy. Rare cases of fatal hepatic necrosis have been reported. Liver biopsies in several patients with liver dysfunction showed a microscopic focal necrosis compatible with drug hypersensitivity. Determine liver function, leukocyte and differential blood counts at intervals during the first six to twelve weeks of therapy or whenever unexplained fever may occur. Discontinue if fever, abnormalities in liver function tests, or jaundice occur. Methyldopa may potentiate action of other antihypertensive drugs. Follow patients carefully to detect side reactions or unusual manifestations of drug idiosyncrasy. Patients may require reduced doses of anesthetics when on ALDOMET\*. If hypotension does occur during anesthesia, it usually can be controlled by vasopressors. The adrenergic receptors remain sensitive during treatment with methyldopa. Hypertension occasionally noted after dialysis in patients treated with ALDOMET\* may occur because the drug is removed by this procedure. Rarely involuntary choreoathetotic movements have been observed during therapy with methyldopa in patients with severe bilateral cerebrovascular disease. Should these movements occur, discontinue therapy. Fluorescence in urine samples at same wave lengths as catecholamines may be reported as urinary catecholamines. This will interfere with the diagnosis of pheochromocytoma. Methyldopa will not serve as a diagnostic test for pheochromocytoma. *Usage in Pregnancy:* Because clinical experience and follow-up studies in pregnancy have been limited, the use of methyldopa when pregnancy is present or suspected requires that the benefits of the drug be weighed against the possible hazards to the fetus.

**ADVERSE REACTIONS:** *Cardiovascular:* Angina pectoris may be aggravated; reduce dosage if symptoms of orthostatic hypotension occur; bradycardia occurs occasionally. *Neurological:* Symptoms associated with effective lowering of blood pressure occasionally seen include dizziness, lightheadedness, and symptoms of cerebrovascular insufficiency. Sedation, usually transient, seen during initial therapy or when dose is increased. Similarly, headache, asthenia, or weakness may be noted as early, but transient symptoms. Rarely reported: paresthesias, parkinsonism, psychic disturbances including nightmares, reversible mild psychoses or depression, and a single case of bilateral Bell's palsy. *Gastrointestinal:* Occasional reactions generally relieved by decrease in dosage: mild dryness of the mouth and gastrointestinal symptoms including distention, constipation, flatulence, and diarrhea; rarely, nausea and vomiting. *Hematological:* Positive direct Coombs test, acquired hemolytic anemia, leukopenia and rare cases of thrombocytopenia. *Toxic and Allergic:* Occasional drug related fever and abnormal liver function studies with jaundice and hepatocellular damage (see PRECAUTIONS) and a rise in BUN. Rarely, skin rash, sore tongue or "black tongue", pancreatitis and inflammation of the salivary glands. *Endocrine and Metabolic:* Rarely, breast enlargement, lactation, impotence, decreased libido; weight gain and edema which may be relieved by administering a thiazide diuretic. If edema progresses or signs of pulmonary congestion appear, discontinue drug. *Miscellaneous:* Occasionally nasal stuffiness, mild arthralgia and myalgia; rarely, darkening of urine after voiding.

**Full prescribing information available on request.**

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dreds of years, have made acupuncture a reliable method of treatment in China. Therefore, since acupuncture produces predictable responses, its action must be explainable in neuroanatomic and neuropharmacologic terms.

The evidence available to the authors has been supplemented in the last 3 years by a wealth of experimental evidence indicating that acupuncture inhibits, to a greater or lesser extent, the transmission of nociceptive impulses in the spinal cord and thalamus. The isolation of endorphins, and the evidence that acupuncture encourages their release, supports the neurohumoral theory of action of acupuncture.

It is therefore unfortunate that in this book a great deal of the material on neural pathways, neural transmitters and theories about pain has been reproduced from outdated sources and that much of this material is irrelevant. Interspersed between these concepts are assertions and assumptions about acupuncture that are not supported by adequate references and often stand in doubtful relation to the preceding concept. Because of the way the book is set out, the material will not appeal to any but the most uncritical reader.

However, the book is successful in removing some of the confusion arising from Taoist philosophic influences on acupuncture. The new translations and explanations of the names given to traditional acupuncture points illustrate the suspected function of the point or, more usefully, form a succinct anatomic description of the point. In addition, new nasal and ear points are described and illustrated, together with suggestions for their use in various disorders. A series of prescriptions representing points commonly used in the treatment of symptoms or diseases is included.

This book will prove extremely useful to those in neurophysiology who wish to locate accurately acupuncture points and to those who wish to use acupuncture in clinical investigation.

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**Manual of Coronary Care.** Joseph S. Alpert and Gary S. Francis. 142 pp. Little, Brown and Company, Inc., Boston, 1977. Price not stated. ISBN 0-316-03499-1

This text is written in order to provide a specific set of guidelines for individuals involved in the management of patients with acute myocardial infarction. It is directed towards the novice. There are 26 short chapters dealing with most aspects of coronary care; each chapter presents a brief explanation of the